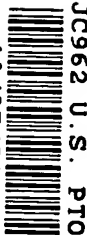


12/07/01



JC962 U.S. PTO

12-18-01

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10/020426



10/07/01

## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket No.		applied 114	
Client Matter Number			
First Inventor or Application Identifier:		Castagnozzi et al.	
Title:		SYSTEM AND METHOD FOR NON-CASUAL CHANNEL EQUALIZATION	
Express Mail Label No.:		ET 459152452 US	
<b>Application Elements</b> (See MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, & duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>38</u> ] (preferred arrangement set forth below) <ul style="list-style-type: none"> <li>• Descriptive title of the Invention</li> <li>• Cross References to Related Applications</li> <li>• Statement Regarding Fed sponsored R&amp;D</li> <li>• Background of the Invention</li> <li>• Brief Summary of the Invention</li> <li>• Brief Description of the Drawings (if filed)</li> <li>• Detailed Description</li> <li>• Claim(s)</li> <li>• Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>13</u> ] 5. <input type="checkbox"/> Oath or Declaration [Total Pages <u>    </u> ] <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d))          (for continuation/divisional with Box 17 completed)</li> <li>i. <input type="checkbox"/> Deletion of Inventor(s)          Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. <input type="checkbox"/> Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment ( <u>    </u> pgs.) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Express Mail Certification 17. <input checked="" type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 18. <input type="checkbox"/> OTHER: Check # <u>1114</u> (\$ <u>956</u> )	
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: <u>    </u> / <u>    </u> Prior application information: Examiner: <u>    </u> Group/Art Unit: <u>    </u>			
<b>18. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number (29397) Or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below		 <b>29397</b> PATENT & TRADEMARK OFFICE	
NAME		ATTN: Gerald Maliszewski	
		LAW OFFICE OF GERALD MALISZEWSKI	
ADDRESS		11440 West Bernardo Court, Suite 157 San Diego, California 92127-1642 USA	
Telephone: 858-451-9950		Fax No.: 858-451-9869	
Name (print/type)	Gerald Maliszewski	Registration No.: (Attorney/Agent)	38,054
Signature		Date	12/7/01

12/07/01  
JC962 U.S. PTO

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FJ 858-451-9869

## FEE TRANSMITTAL

Attorney Docket No.	applied 114
First Named Inventor:	Castagnozzi et al.
Application Number	
Filing Date:	
Examiner Name:	
Group/Art Unit:	

J1073 U.S. PTO  
10/020426  
12/07/01

<b>TOTAL AMOUNT OF PAYMENT:</b>	\$
<b>METHOD OF PAYMENT (check One)</b>	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 502033 Deposit Account Name: Law Office of Gerald Maliszewski</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>

### 2. UTILITY Basic Filing Fee & Claims

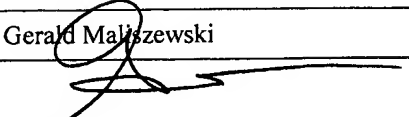
(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 740.00	\$370.00	\$ 740.00
Total Claims	# 32 - 20 =	10	X \$ 18.00	X \$ 9.00	\$ 216.00
Independent Claims	#2 - 3 =	0	X \$ 84.00	X \$ 42.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =					\$ 956.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 166.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	Gerald Maliszewski	Registration No.: (Attorney/Agent)	38,054
Signature		Date	12/7/01

PTO/SB/35

**REQUEST AND  
CERTIFICATION UNDER  
35 U.S.C. 122 (b)(2)(B)(i)**

**First Named  
Inventor**

Castagnozzi et al.

**Title**

**SYSTEM AND METHOD FOR NON-  
CASUAL CHANNEL  
EQUALIZATION**

**Atty. Docket No.**

**applied\_114**

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

Date

12/7/01

Signature

Gerald Maliszewski, Reg. No. 38,054

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing data for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

DATE OF DEPOSIT: December 7, 2001

Diane Maliszewski

NAME \_\_\_\_\_

Thane Maliszewski  
SIGNATURE

SIGNATURE